

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

097889610

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1	1		1	
4		1		1		1
5		1		2		1
6		1		3		1
7		1		3		1
8	1			3		1
9		1		3		1
10		2		3		1
11		3		3		1
12		3	1		1	
13		4		1		1
14		1		2		1
15		3		3		1
16		3		3		1
17		3	1		1	
18		3	1		1	
19	1		1		1	
20		1		1		1
21	1		1		1	
22		1	1		1	
23	1			1		1
24		1		1		1
25	1			1		1
26		1		1		1
27	1			1		1
28		1		1		1
29	1			1		1
30		1		1		1
31	1			1		1
32		1		1		1
33	1			1		1
34		1		1		1
35	1			1		1
36		1		1		1
37	1			1		1
38		1		1		1
39	1			1		1
40		1		1		1
41		1		1		1
42		1		1		1
43		1		1		1
44		1		1		1
45		1		1		1
46		1		1		1
47		1		1		1
48		1		1		1
49		1		1		1
50		1		1		1
TOTAL IND.					8	
TOTAL DEP.					29	
TOTAL CLAIMS					37	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS